PTO/SB/17 (12-04v2)

.\$ E#n	tive on 12/08/2	•		Complete if Know	a valid OMB control nui
		ations Act, 2005 (H.R. 4818	). Application Number	09/891,578	
FEE TR	<b>LANS</b>	SMITTAL	Filing Date	June 25, 2001	
	r FY 2		First Named Inventor	Kim	
			Examiner Name	Chang, E.	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2637	<del></del>
OTAL AMOUNT OF PAY	MENT (\$	910.00	Attorney Docket No.	RAMB-01067US0	
METHOD OF PAYMEN	IT (check al	I that apply)			
Check Credit	Card	Money Order	Ione Other (please	identify):	
Deposit Account		•	Deposit Account	Vierra Magen M	farcus
-			hereby authorized to: (che		ILOTI B
_					
<u> </u>	s) indicated b		= -	s) indicated below, exc	ept for the filing fee
under 37 CF	R 1 16 and 1	e(s) or underpayments of .17	U Great any	overpayments	
ARNING: Information on the	is form may b	ecome public. Credit card	information should not be i	ncluded on this form. Pro	ovide credit card
EE CALCULATION	1011110-2000				
BASIC FILING, SEA	DCH AND	EVAMINATION EES	2		
BASIC FILING, SEA	FILING			AMINATION FEES	
Application Type		Small Entity	Small Entity	Small Entity	Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$) Fee		e (\$) Fee (\$)	rees raiu (\$)
Utility	300	150 50		00 100	
Design	200	100 10		30 65	
Plant	200	100 30		60 80	
Reissue	300	150 50	0 250 6	00 300	
	200	100	0 0	0 0	
Provisional	EC			Fee (\$)	Small Entity Fee (\$)
. EXCESS CLAIM FE	ES				100 (4)
. EXCESS CLAIM FE Fee Description		Reissues)		50	25
. EXCESS CLAIM FE	(including F		÷		25 100
EXCESS CLAIM FE Fee Description Each claim over 20	(including Faim over 3			50	
EXCESS CLAIM FE Fee Description Each claim over 20 (Each independent of Multiple dependent)	(including Faim over 3	(including Reissues)	Fee Paid (\$)	50 200 360	100
EXCESS CLAIM FE Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP =	(including F aim over 3 claims <u>Extra Clai</u>	(including Reissues)  ms Fee (\$) !  x 50 =	Fee Paid (\$)	50 200 360	100 180
EXCESS CLAIM FE Fee Description Each claim over 20 of Each independent of Multiple dependent Total Claims  - 20 or HP = HP = highest number of total total control total	(including Faim over 3 claims  Extra Claims	(including Reissues)  ms Fee (\$)  x 50 =  or, if greater than 20.	0	50 200 360 <u>Multiple De</u> g	100 180 pendent Claims
EXCESS CLAIM FE Fee Description Each claim over 20 of Each independent of Multiple dependent Total Claims  - 20 or HP = HP = highest number of total total control total	(including F aim over 3 claims <u>Extra Clai</u>	(including Reissues)  ms Fee (\$)  x 50 =  or, if greater than 20.		50 200 360 <u>Multiple De</u> g	100 180 pendent Claims
EXCESS CLAIM FE Fee Description Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = HP = highest number of total Indep. Claims  - 3 or HP = HP = highest number of indep.	(including Faim over 3 claims  Extra Claims  at claims paid f  Extra Claims  ependent claims	(including Reissues)  ms	0 ee Paid (\$)	50 200 360 <u>Multiple De</u> g	100 180 pendent Claims
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = HP = highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. APPLICATION SIZE	(including Faim over 3 claims  Extra Claims al claims paid f  Extra Claims ependent claims	(including Reissues)  ms Fee (\$)	0 Fee Paid (\$) 0	50 200 360 Multiple Deg Fee (\$)	100 180 pendent Claims Fee Paid (\$)
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  HP = highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. APPLICATION SIZE If the specification and	(including Faim over 3 claims  Extra Claims  al claims paid fExtra Claims  ependent claims  FEE d drawings	(including Reissues)  ms Fee (\$)	Tee Paid (\$) 0 paper (excluding electro	50 200 360 Multiple Der Fee (\$)  conically filed sequen	100 180 cendent Claims Fee Paid (\$) ce or computer
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = Highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. Claims  APPLICATION SIZE  If the specification and listings under 37 Of Each of Indep. 10 of Indep. 1	(including Faim over 3 claims  Extra Claims  al claims paid f  Extra Claims  ependent claims  FEE  d drawings  CFR 1.52(e)	(including Reissues)  ms Fee (\$)	Fee Paid (\$) 0  paper (excluding electrofee due is \$250 (\$125)	50 200 360 Multiple Deg Fee (\$)  conically filed sequen for small entity) for e	100 180 cendent Claims Fee Paid (\$) ce or computer
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = Highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. Claims  APPLICATION SIZE  If the specification and listings under 37 Of Each of Indep. 10 of Indep. 1	(including Faim over 3 claims  Extra Claims  al claims paid f  Extra Claims  ependent claims  FEE  d drawings  CFR 1.52(e)	(including Reissues)  ms Fee (\$)	paper (excluding electrofee due is \$250 (\$125 fg) and 37 CFR 1.16(s).	50 200 360 Multiple Der Fee (\$)  conically filed sequen for small entity) for e	100 180 cendent Claims Fee Paid (\$)  ce or computer each additional 50
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = Highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. Claims  APPLICATION SIZE  If the specification and listings under 37 Of Each of Indep. 10 of Indep. 1	(including Faim over 3 claims  Extra Claims  al claims paid f  Extra Claims  ependent claims  FEE  d drawings  CFR 1.52(e)  thereof. See  Extra She	(including Reissues)  ms Fee (\$)	Fee Paid (\$) 0  paper (excluding electrofee due is \$250 (\$125)	50 200 360 Multiple Der Fee (\$)  conically filed sequen for small entity) for e	100 180 cendent Claims Fee Paid (\$)  ce or computer each additional 50
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = Highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. Claims  HP = highest number of indep. Claims  Total Sheets or fraction to Total Sheets  - 100 = OTHER FEE(S)	(including Faim over 3 claims  Extra Claims  Extra Claims  Extra Claims  Ependent claims  FEE  d drawings  CFR 1.52(e)  thereof. See  Extra She	(including Reissues)  ms Fee (\$)	paper (excluding electron fee due is \$250 (\$125 fg) and 37 CFR 1.16(s). each additional 50 or fraction (round up to a whole	50 200 360 Multiple Der Fee (\$)  conically filed sequen for small entity) for e	100 180  pendent Claims Fee Paid (\$)  ce or computer each additional 50  \$) Fee Paid (\$
EXCESS CLAIM FE Fee Description  Each claim over 20 of Each independent of Multiple dependent of Total Claims  - 20 or HP = HP = highest number of tot Indep. Claims  - 3 or HP = HP = highest number of indep. Claims  HP = highest number of indep. APPLICATION SIZE  If the specification and listings under 37 of Sheets or fraction to Total Sheets  - 100 =	(including Faim over 3 claims  Extra Claims  at claims paid fi  Extra Claims  ependent claims  FEE  d drawings  CFR 1.52(e)  thereof. See  Extra She	(including Reissues)  ms Fee (\$)	paper (excluding electron fee due is \$250 (\$125 fg) and 37 CFR 1.16(s). each additional 50 or fraction (round up to a whole	50 200 360 Multiple Der Fee (\$)  conically filed sequen for small entity) for e	100 180 cendent Claims Fee Paid (\$)  ce or computer each additional 50

Telephone 415-369-9660 (Attorney/Agent) Signature <sup>..</sup> 35,854 Date February 2, 2006 Name (Print/Type) Kirk J. DeNiro

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.